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APPLICANTS
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** CONTINUING DATA ***** NONE
 GLW

** FOREIGN APPLICATIONS ***** NONE
 GLW

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *GLW*

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